

**APPLICATION FOR
CERTIFICATE OF WITHDRAWAL**

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-119, **Idaho Code**, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Idaho and for that purpose submits the following statement:

1. The name of the corporation is CHALLENGER INTERNATIONAL SERVICES, INC.
_____. The name which it used in Idaho is _____
CHALLENGER INTERNATIONAL SERVICES, INC.
2. It is incorporated under the laws of Delaware.
3. It is not transacting business in the State of Idaho.
4. It hereby surrenders its authority to transact business in said state.
5. It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.
6. The post office address to which process against the corporation that may be mailed is _____
#1000, 715 - 5th Avenue S.W., Calgary, Alberta, Canada, T2P 2X6
7. All sums due or accrued by this corporation to the State of Idaho have been paid.
8. All known creditors or claimants have been paid or provided for and the corporation is not involved in or threatened with litigation in any court in the State of Idaho.

By _____

Its Senior Vice President

And _____

Its Assistant Secretary

PROVINCE

~~STATE~~ OF Alberta)

COUNTRY) ss:

~~COUNTRY~~ OF Canada)

I, MADELINE J WOOD, a notary public, do hereby certify that on this
18th day of April, 19 85, personally appeared
before me EDWARD A. EARLE, who being by me first duly sworn,
declared that he is the SENIOR VICE-PRESIDENT of Challenger International
Services, Inc.

that he signed the foregoing document as SENIOR VICE-PRESIDENT of the corporation and that the statements therein contained are true.

Notary Public